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| UTILITY PATENT APPLICATION TRANSMITTAL <i>(Only for new nonapplications under 37C.F.R. §1.53(b))</i> | | Attorney Docket No. | PC10343C |
| | | First Inventor | Graham Nigel Maw |
| | | Title | Compounds For The Treatment Of Female Sexual Dysfunction |
| | | Express Mail Label No. | EV 398059916 US |
| APPLICATION ELEMENTS <i>See MPEP chapter 600 concerning utility patent application contents.</i> | | ADDRESS TO: Mail Stop Patent Application Commissioner for Patents Box 1450 Alexandria, VA 22313-1450 | |
| 1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <i>(Submit an original, and a duplicate for fee processing)</i> 2. <input type="checkbox"/> Applicant claims small entity status <i>See 37 CFR 1.27</i> 3. <input checked="" type="checkbox"/> Specification [Total Pages 180] <i>(preferred arrangement set forth below)</i> <ul style="list-style-type: none"> - Descriptive title of the Invention - Cross References to Related Applications - Statement Regarding Fed sponsored R&D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (<i>if filed</i>) - Detailed Description - Claim(s) - Abstract of the Disclosure 4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total sheets 13] | | 7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or computer Program (Appendix) 8. Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i> <ul style="list-style-type: none"> a. <input type="checkbox"/> Computer Readable Copy (CRF) b. Specification Sequence Listing on: <ul style="list-style-type: none"> i. <input checked="" type="checkbox"/> CD-ROM or CD-R (2 copies) ii. <input checked="" type="checkbox"/> Paper c. <input checked="" type="checkbox"/> Statement verifying identity of above copies | |
| | | ACCOMPANYING APPLICATION PARTS <ul style="list-style-type: none"> 9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input checked="" type="checkbox"/> Power of Attorney 11. <input type="checkbox"/> English Translation Document (<i>if applicable</i>) 12. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations 13. <input checked="" type="checkbox"/> Preliminary Amendment 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (<i>Should be specifically itemized</i>) 15. <input type="checkbox"/> Certified Copy of Priority Document(s) (<i>if foreign priority is claimed</i>) 16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. 17. <input type="checkbox"/> Other: | |
| 18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37CFR 1.76. <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No. <u>09/708,392</u> Prior application information: Examiner <u>Lauren Q. Wells</u> Group/Art Unit: <u>1617</u> For CONTINUATION OR DIVISIONAL APPS only; The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts | | | |
| 19. CORRESPONDENCE ADDRESS | | | |
| <input checked="" type="checkbox"/> Customer Number <u>28523</u> | | <input type="checkbox"/> Correspondence address below | |
| Name | | | |
| Address | | | |
| City | State | Zip Code | |
| Country | Telephone | Fax | |
| NAME (Print/type) | Arlene K. Musser | Registration No. (Attorney/Agent) | 37,895 |
| Signature | <u>Arlene K. Musser</u> | Date | 10/15/03 |

This collection of information is required by 37 CFR 1.53(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

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10/15/03



FEE TRANSMITTAL for FY 2003

Effective 01/01/2003. Patent fees are subject to annual revision.

 Applicant claims small status. See 37 CFR 1.27

Total Amount of Payment (\$ 2208.00)

METHOD OF PAYMENT (check all that apply)

 Check Credit Card Money Other None
Order
 Deposit Account:Deposit Account Number
Deposit Account Name

16-1445

Pfizer Inc

The Director is authorized to: (check all that apply)

-
- Charge fee(s) indicated below
-
- Credit any overpayments
-
-
- Charge any additional fee(s) during the pendency of this application
-
-
- Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Small Entity

| Fee | Fee | Fee | Fee | Fee Description | Fee Paid |
|------|------|------|------|--------------------|----------|
| Code | (\$) | Code | (\$) | | |
| 1001 | 770 | 2001 | 375 | Utility filing fee | 770 |
| 1002 | 330 | 2002 | 165 | Design filing fee | |
| 1003 | 520 | 2003 | 260 | Plant filing fee | |
| 1004 | 750 | 2004 | 375 | Reissue filing fee | |
| 1005 | 160 | 2005 | 80 | filing fee | |

Subtotal (1) \$ 770

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

| | Extra Claims | Fee from below | Fee Paid |
|--------------------|--------------|----------------|----------|
| Total Claims | 36 - 20 = 16 | x 18 = 288 | |
| Independent Claims | 13 - 3 = 10 | x 86 = 860 | |
| Multiple Dependent | | 290 = 290 | |

Large Entity Small Entity

| Fee | Fee | Fee | Fee Description |
|------|------|------|--|
| Code | (\$) | Code | (\$) |
| 1202 | 18 | 2202 | 9 Claims in excess of 20 |
| 1201 | 86 | 2201 | 42 Independent claims in excess of 3 |
| 1203 | 290 | 2203 | 140 Multiple dependent claim, if not paid |
| 1204 | 84 | 2204 | 42 **Reissue independent claims over original patent |
| 1205 | 18 | 2205 | 9 **Reissue independent claims over original patent |

SUBTOTAL (2) (\$ 1438.00)

*Reduced by Basic Filing Fee Paid

Subtotal (3) (\$)

(Complete if applicable)

| | | | | | |
|---------------------|-------------------------|------------------|--------|-----------|--------------|
| Name (Printed/Type) | Arlene K. Musser | Registration No. | 37,895 | Telephone | 860-715-0871 |
| Signature | <i>Arlene K. Musser</i> | | | Date | 10/15/03 |

Warning: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

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